



## Office of Congresswoman Jackie Walorski

*Second District of Indiana*

202 Lincolnway East, Suite 101, Mishawaka, Indiana 46544

District Office Phone: (574) 204-2645

District Office Fax: (574) 217-8735

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### PRIVACY RELEASE FORM

Authorization in Accordance with the Privacy Act of 1974

If you are experiencing a problem with an agency of the Federal Government, please fill out this form completely and return it to our District Office (above), along with copies of any relevant documents. Do not send originals.

#### **Information of the Constituent Involved**

Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_

E-Mail: \_\_\_\_\_ Social Security No. (Required): \_\_\_\_\_

☐ *Yes, I would like to receive Congresswoman Walorski's electronic newsletter and other important information.*

Please describe the exact nature of the problem and the specific assistance you are requesting. Use extra paper, if needed.

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Please specify any identification numbers pertaining to this matter: \_\_\_\_\_

Please specify any other offices you have contacted about this matter: \_\_\_\_\_

#### **Authorization**

*I understand that the Privacy Act requires written consent for a Member of Congress to request and receive information on a constituent's behalf. I hereby authorize Congresswoman Walorski's office to make inquiries on my behalf and to discuss my records with the agencies involved. The information I have provided is true and accurate to the best of my knowledge and belief. The assistance requested is in no way an attempt to evade or violate Federal, State, or local law.*

SIGNATURE: \_\_\_\_\_ Date: \_\_\_\_\_